

Name: _____

Chart #: _____

BEHAVIORAL HISTORY

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | Do you drink coffee, tea or other caffeinated products? |
| ___ | ___ | Do you smoke or otherwise use tobacco products? |
| ___ | ___ | • If so, do you want information on the Tobacco Treatment Program? ___ Yes ___ No |
| ___ | ___ | Have you ever used alcohol or drugs? |
| ___ | ___ | Do you sometimes drink more than you had planned? |
| ___ | ___ | Have family or friends ever expressed concern about your use of alcohol or drugs? |
| ___ | ___ | Have you ever been arrested for alcohol or drug related charges? |
| ___ | ___ | Have you ever had medical or counseling treatment for drinking or drug use? |
| ___ | ___ | Have you ever had episodes when you were drinking when you were unable to remember? |
| ___ | ___ | Have family or friends ever expressed concern over your use of drugs? |
| ___ | ___ | Have you ever been arrested for any offense involving drugs? |
| ___ | ___ | Have you ever overdosed on drugs accidentally or purposely? |
| ___ | ___ | Have any members of your family had problems with drugs or alcohol? |

RISK FACTORS

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | Do you know anyone who has ever attempted suicide? |
| ___ | ___ | Have you, in the last year, ever considered suicide? |
| ___ | ___ | Have you ever attempted suicide? |
| ___ | ___ | Have you ever been exposed to trauma situations (for example, victim of domestic violence or physical or sexual abuse, exposed to combat or involved in a serious accident)? |

If yes, please explain: _____

JOB/SCHOOL PERFORMANCE HISTORY

My job/school performance has been affected by my personal problem. _____ Yes _____ No

- If you answered "yes", above, in what way has your performance affected? Please check all that apply.

- _____ Absenteeism / lost time
- _____ Frequent visits to the Medical Department
- _____ Tardiness / early quit
- _____ Accident / near miss
- _____ Mistakes / complaints
- _____ Under-the-influence
- _____ On-the-job conflict or relationship problem
- _____ Inappropriate behavior
- _____ Distraction / pre-occupation
- _____ Other:

- If you answered "yes" above, what is your best estimate of how much "productive work time" may have been "lost" during the month before you came to Preferred EAP?

- _____ Less than 8 hours total or less than 2 hours/week
- _____ Between 8 and 16 hours or between 2 and 4 hours/week
- _____ Between 16 and 24 hours or between 4 and 6 hours/week
- _____ Between 24 and 32 hours or between 6 and 8 hours/week
- _____ More than 32 hours total or more than 8 hours/week